

Sioux Falls Wellness Counseling, Inc.

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Client Information Brochure

Welcome to Sioux Falls Wellness Counseling. I appreciate your giving me the opportunity to be of help to you. This brochure answers questions that clients often ask about therapy. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This brochure talks about the following:

- What the risks and benefits of therapy are.
- What the goals of therapy are, and what my methods of treatment are like.
- How long therapy might take.
- How much my services cost, and how I handle money matters.
- Other important areas of our relationship.

After you read this brochure, we can talk in person about how these issues apply to you.

This brochure is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign an *Informed Consent* form. I will sign this form as well and you may request a copy.

About Psychotherapy

I strongly believe you should feel comfortable with the therapist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. I possess a genuine and strong passion for walking with others on their journey towards good mental health and meaningful, happy lives. I believe in providing a safe, non-judgmental environment in which to explore areas for growth. I mostly apply strength-based and cognitive-behavioral approaches. In addition, I am trained in EMDR.

I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods. An important part of your therapy might be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we may work together to set up homework assignments for you. I might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often make such a “time out” more helpful.

My Background

Education

Bachelor's Degree in Psychology, Alcohol and Drug Counseling and Education Program Certificate, University of Minnesota

Master's Degree in Community Agency Counseling, University of South Dakota

Certificates and Licensure

Licensed Professional Counselor-Mental Health (LPC-MH)

Licensed Addiction Counselor (LAC)

National Certified Counselor (NCC)

Qualified Mental Health Professional (QMHP)

Special Training

Trained in EMDR

The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak. Also, clients in therapy may have problems with people important to them. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—and in the ability to enjoy their lives. I do not take on clients I do not think I can help.

Consultations

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will want to coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed, but only with your written consent to do so.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Counseling Association, or ACA. In your best interests, the ACA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice professional counseling—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the ACA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this brochure. I try not to reveal who my clients are; this is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the ACA's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship. Even though you might invite me, professionally I am not in the position to attend your family gatherings, such as parties or weddings. Please respect that I also may not be able to accept any gifts you may wish to give me. If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a *release of information* form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. If you are being sued, suing someone or being charged with a crime and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations. First, when I am away from the office for a few days, I have a trusted fellow therapist "cover" for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

Except for situations like those I have described above, I will do my best to maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office. I will take steps to keep the names and records of clients private. I will try never to use your name on the telephone, if clients in the office can overhear it. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me. It is my office policy to destroy clients' records 10 years after the end of our therapy. Until then, I will keep your case records in a safe place.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your

benefits.

You can review your own records in my files at any time and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

You have the right to ask that your information not be shared with family members or others, and I can usually agree to that limitation. This issue can get complicated when dealing with couples and families; I will explain my stand on this further if you are involved in such services. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

About Our Appointments

The very first time I meet with you, we will need to give each other much basic information. Allow every person's treatment is individualized, we will usually meet for a 50-minute session once a week, then less often. Another way therapy can be less expensive is if you would like to meet less frequently. We can do our best to schedule meetings for both your and my convenience.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours. A canceled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me as much notice as possible. Once your appointment is scheduled you will be expected to pay for it (even if missed) unless you provide 24-hour prior notice of cancellation. Except for unpredictable emergencies (or because of a situation that would be seen by both of us as an unpredictable emergency), I will charge you \$75 for any missed sessions. All attempts will be made by therapist to contact you with as much notice as possible if therapist needs to reschedule due to inclement weather or other unforeseen reasons; you will not be charged if scheduled session does not take place for these reasons. If you will be missing the appointment due to inclement weather and have not been contacted by me, you will need to still call the office to give notice that you wish to reschedule to avoid the missed session fee.

I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. You will be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible. I cannot be responsible for any personal property or valuables you bring into this office.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment.

My current regular fees are as follows. You will be given advance notice if my fees should change. The fee for the initial intake session is \$250. Regular therapy services: For a session of 50-55 minutes, the fee is \$210. If a session is scheduled for significant shorter or longer time, the fee will be prorated. Other payment or fee arrangements must be worked out before the end of our first meeting. A credit card will be put on file at time of first session and charged for each session.

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well. You have a responsibility to pay for any services you receive before you end the relationship. I expect all payment at the time of our meetings.

If You Have Health Insurance Coverage

Because I am a licensed professional counselor, many health insurance plans will help you pay for therapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for Outpatient Mental/Behavioral Health or call your employer's benefits office to find out what you need to know.

If your health insurance will pay part of my fee, please keep two things in mind:

1. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth.

2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not receive payment on time, I will then expect this payment from you.

If You Have a Managed Care Contract

If you have health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. I will provide information about you to your insurance company only with your informed and written consent. I may send this information by mail or by fax. My office will try its best to maintain the privacy of your records, but I ask you not to hold me responsible for anything that happens as a result.

If You Need to Contact Me

I cannot promise that I will be available at all times. I usually do not take phone calls when I am with a client nor outside my current office hours. You can always leave a message on my voice mail, and I will return your call as soon as I can. Generally, I will return messages the same day if it is a day that I am working.

If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members should call one of the following community emergency agencies: 988 (mental health crisis line) 911, Avera Hospital, Sanford Hospital or your primary care physician.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Counseling Association (ACA) and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state board of counselors and state board of addiction professionals.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

Our Agreement

You, the client (or his or her parent or guardian), understand you have the right not to sign the *Informed Consent* form. Your signature on the *Informed Consent* indicates that you have read and discussed this agreement; it does not indicate that you are waiving any of your rights. You understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment you have questions about any of the subjects discussed in this brochure, you can talk with me about them, and I will do my best to answer them. You understand that after therapy begins you have the right to withdraw your consent to therapy at any time, for any reason. However, you will make every effort to discuss your concerns about your progress with me before ending therapy with me.

You are asked to understand that no specific promises have been made to you about the results of treatment, the effectiveness of the procedures used, or the number of sessions necessary for therapy to be effective. It is expected that you have read, or have had read to you, the issues and points in this brochure. You should discuss those points you do not understand, and have your questions, if any, fully answered. I agree to act according to the points covered in this brochure. You are entitled to receive a copy of this document and will be asked to verify your receipt and understanding of this information on the *Informed Consent* form.

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